

# Chilled Water System Shutdown Request Form

## (University Campus Engineering)

Requestor Name

Department / Unit

Contact Number

Email Address

Building(s) / Area(s) Affected

Requested Shutdown Date

Start Time

Estimated Restore Time

Reason for Shutdown

Precautionary Actions / Special Requirements

Date Submitted

Signature of Requestor

For Engineering Office Use Only:  
Engineer Approval / Comments

Engineer Name

Date